

| |
|-------------------------|
| For Department Use Only |
| License # _____ |
| Effective Date _____ |
| WS # _____ |

State of California

Individual Application

For Insurance License

(Type or print clearly)

① **APPLICATION TYPE:** ☐ PERMANENT ☐ CERTIFICATE OF CONVENIENCE

② **LICENSE TYPE:** (check only one please)

| | |
|--|--|
| <input type="checkbox"/> Life Agent (LX) | <input type="checkbox"/> Rental Car Agent (RC) |
| <input type="checkbox"/> Fire & Casualty Broker-Agent (FX) | <input type="checkbox"/> Life & Disability Analyst (LA) |
| <input type="checkbox"/> Personal Lines Broker-Agent (PL) | <input type="checkbox"/> Surplus Line Broker (SL) |
| <input type="checkbox"/> Credit Insurance (CI) | <input type="checkbox"/> Special Lines' Surplus Line Broker (SP) |
| <input type="checkbox"/> Part Time Fraternal (PF) | <input type="checkbox"/> Motor Club Agent (MC) |
| <input type="checkbox"/> Travel Agent (TA) | <input type="checkbox"/> Cargo Shipper's Agent (CS) |

③ Social Security Number (SSN)*
 _____ - _____ - _____

| | | | | | |
|-------------|------------|------------------|--------|--|----------------------------------|
| ④ Last Name | First Name | Full Middle Name | Suffix | ⑤ <input type="checkbox"/> Male <input type="checkbox"/> Female | ⑥ Date of Birth (month/day/year) |
|-------------|------------|------------------|--------|--|----------------------------------|

| | | | |
|--|--------|---------|------------|
| ⑦ Resident Address (P.O. Box not acceptable) | ⑧ City | ⑨ State | ⑩ Zip Code |
|--|--------|---------|------------|

| | | |
|------------------------------|--|---|
| ⑪ Home Phone Number () - | ⑫ Are you a citizen of the United States? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, you must supply a copy of both sides of your work authorization) | ⑬ Are you affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------|--|---|

| | | | |
|---|--------|---------|------------|
| ⑭ Business Address (P.O. Box not acceptable.) | ⑮ City | ⑯ State | ⑰ Zip Code |
|---|--------|---------|------------|

| | | | |
|----------------------------------|--------------------------------|------------------|-----------------------------|
| ⑱ Business Phone Number () - | ⑲ Business Fax Number () - | ⑳ E-mail Address | ㉑ Business Web Site Address |
|----------------------------------|--------------------------------|------------------|-----------------------------|

| | | | |
|---|--------|---------|------------|
| ㉒ Mailing Address (P. O. Box is acceptable) | ㉓ City | ㉔ State | ㉕ Zip Code |
|---|--------|---------|------------|

②⑥

SPECIAL ACCOMMODATION REQUEST FOR EXAMINATION
 (In Compliance with The Americans with Disabilities Act)

Do you have a disability/impairment for which you may need assistance during the written examination(s)? ☐ Yes ☐ No

If Yes, you are required to submit documentation from the medical authority or learning institution that rendered the diagnosis. Verification must be submitted, with the application on the letterhead of the authority or specialist, and include the following:

- Description of the disability and limitations related to the testing
- Recommended accommodation/modification
- Name, title, and telephone number of the medical authority or specialist
- Original Signature of the medical authority or specialist
- Professional license or certification number of the medical authority or specialist

②⑦ **EXAMINATION INFORMATION:**

Desired Location___ (LA) Los Angeles, (SD) San Diego, (SF) San Francisco, (SA) Sacramento, (CL) Clovis (usually the second and fourth Saturday).
 a.m. ____
 Desired Date _____ p.m. ____ If we are unable to provide you with the date selected, you will be scheduled the next available date.

List any dates that you are not available: _____

*Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).

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EMPLOYMENT HISTORY

Account for all time for the past five years. Give all employment experiences starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment, and full-time education. Attach separate sheet, if needed.

| | From | | To | | Position Held |
|------|-------|------|-------|------|---------------|
| | Month | Year | Month | Year | |
| Name | | | | | |
| City | State | | | | |
| Name | | | | | |
| City | State | | | | |
| Name | | | | | |
| City | State | | | | |
| Name | | | | | |
| City | State | | | | |

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DO YOU NOW HOLD, OR HAVE YOU EVER HELD, AN INSURANCE LICENSE AS A RESIDENT IN THIS STATE OR ANY OTHER STATE?.....

☐ Yes
☐ No

| Type of License | State or Province | Date License Held | Is License in Force |
|-----------------|-------------------|-------------------|---------------------|
| | | | |
| | | | |
| | | | |

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AKA/ALIAS

Are you now using or have you ever used any name other than shown?.....
☐ Yes
☐ No

If yes, list names, dates and reason(s) used:

| | | | | | |
|------|-------|--------|--------|------------|-------------|
| Last | First | Middle | Suffix | Dates Used | Reason Used |
| | | | | | |
| Last | First | Middle | Suffix | Dates Used | Reason Used |
| | | | | | |

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FICTITIOUS NAMES:

Do you intend to use a fictitious (DBA) name?
☐ Yes
☐ No

If yes, list the name: (This name must be approved by the Department prior to use.) _____

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ANY APPLICANT INTENDING TO ACT AS A FIRE AND CASUALTY OR PERSONAL LINES BROKER:

☐ Yes
☐ No

Are you a salaried employee of a casualty insurer?.....

If answer is yes, list insurer's name: _____ NAIC # _____

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LIFE AGENT/PART TIME FRATERNAL LICENSE APPLICANTS ONLY:

☐ Yes
☐ No

Are you intending to act as a Variable Contract Agent?.....

☐ Yes
☐ No

Are you registered with SECO or NASD?

CRD# _____ If CRD# is not provided, acceptable proof of registration must be attached before the authority may be granted. If acceptable proof is not submitted, license may be issued without Variable Contract authority.

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PRELICENSING CERTIFICATES:

☐ Yes
☐ No

Have you previously submitted any prelicensing certificates for this license type with the California Department of Insurance?.....

If your answer is yes, give date submitted _____

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LIFE AGENT LICENSE APPLICANTS ONLY:

☐ Yes
☐ No

Do you intend to limit your activity to the sale of funeral and burial expense policies in accordance with Section 1749.01 of the California Insurance Code?

Background Information

36 The Applicant must read the following very carefully and answer every question:

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?..... ☐ Yes ☐ No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application :

- a) a written statement, with original signature, explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? ☐ Yes ☐ No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement, with original signature, identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for any overdue monies by any insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?..... ☐ Yes ☐ No

If you answer yes, submit a statement, with an original signature, summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?..... ☐ Yes ☐ No

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?..... ☐ Yes ☐ No

If you answer yes, you must attach to this application:

- a) a written statement, with original signature, summarizing the details of each incident,
- b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?..... ☐ Yes ☐ No

If you answer yes, you must attach to this application:

- a) a written statement, with original signature, summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of any relevant documents.

7. Do you have a child support obligation in arrearage?

If you answer yes to question 7, by how many months are you in arrearage? _____ Months

8. Are you the subject of a child support related subpoena or warrant? ☐ Yes ☐ No

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APPLICANT'S CERTIFICATION:

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT THEREIN MADE IS FULL, TRUE AND CORRECT. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668(h) AND 1738 OF THE INSURANCE CODE, ANY FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE(S) TO SUSPENSION OR REVOCATION. FURTHER, PURSUANT TO INSURANCE CODE SECTIONS 1703 AND 1733, I AUTHORIZE DISCLOSURE TO THE INSURANCE COMMISSIONER OF ALL FINANCIAL INSTITUTION RECORDS OF ANY FIDUCIARY ACCOUNTS FOR THE DURATION OF THIS LICENSE.

ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.

* APPLICANTS SIGNATURE: _____ * CITY _____ * DATE _____

| | | | |
|--|------------|--|----------------------------|
| Applicants Name _____ | | SSN* _____ | |
| AGENCY OR BUSINESS ENTITY AFFILIATION (if completed, filing fee required). If this appointment form is completed by the business entity, Form 411-8A is not required unless you have additional affiliations then form 411-8A must be completed. | | | |
| Business Entity Endorsement: Complete only if the applicant is to exercise powers of the business entity pursuant to Sections 1627 & 1647 of the Insurance Code. FEIN # _____ License # _____ Name of Business Entity _____ | | | |
| Affiliation Type | | LX _____ | FX _____ PI _____ CI _____ |
| To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date of filing this notice, the organization hereby appoints and agrees to employ the person named to exercise the agency or brokerage powers of the organization. | | | |
| Signature of Officer/Partner _____ | | Title _____ | Date _____ |
| | | | |
| SOLICITOR AFFILIATION (if completed, filing fee required). If this appointment form is completed by the sponsoring insurance agent or broker, Form 417-31 is not required. For Fire and Casualty Solicitor Authority: Complete only if applicant will act as a solicitor pursuant to Sections 1704 & 1707 Insurance Code. | | | |
| <input type="checkbox"/> Individual | | <input type="checkbox"/> Business Entity | |
| Name of appointing broker/agent _____ | | SSN*/FEIN # _____ | License # _____ |
| To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date of filing this notice, the designated broker-agent hereby appoints and agrees to employ the person herein to act as my solicitor with the State of California. | | | |
| Signature of Employer _____ | | Date _____ | |
| Give title, if business entity | | | |
| | | | |
| SURPLUS LINE AND/OR SPECIAL LINES' SURPLUS LINE APPLICANTS ONLY: | | | |
| A. List names of all insurers not admitted to California with whom arrangements have been made to accept or who are considering the acceptance of surplus line business offered by you: _____ _____ | | | |
| B. Notification of your filing for a Surplus Line Brokers' license will be forwarded to the Surplus Line Association of California, who will notify you as to their filing rules (California Code of Regulations, Title 10, Section 2172) | | | |
| SURPLUS LINE OR SPECIAL LINES' BUSINESS ENTITY ENDORSEMENT AUTHORIZATION To endorse the named applicant to transact under the authority of a business entity's license, the following must be completed by an Officer of a Corporation or Association, or a General Partner of a Partnership. (UNLICENSED BUSINESS ENTITY – Application Form 441-11A must also be attached.) | | | |
| APPLICANT'S NAME _____ | | RELATIONSHIP _____ | |
| BUSINESS ENTITY NAME _____ | | LICENSE NUMBER _____ | |
| As authorized by the named business entity, I certify or declare that the statements made in this application are true and correct, and request the named applicant be endorsed to transact under the authority of the business entity's license. | | | |
| Signature of Officer or Partner _____ | | Official Title _____ | |
| Date: _____ | City _____ | State _____ | Phone # (____) _____ |
| | | | |
| INDUSTRIAL DEBIT COLLECTION CERTIFICATE OF CONVENIENCE APPLICANT ONLY: The following must be completed by the appointing insurance company. | | | |
| A. Name of study course _____ | | | |
| B. The above course is administered by (check one) <input type="checkbox"/> School <input type="checkbox"/> Insurance Company | | | |
| I certify the applicant is enrolled in and will pursue the above course of study which has been approved by the Insurance Commissioner and that the applicant will transact only Industrial Life and/or Industrial Disability Insurance under this Certificate of Convenience. | | | |
| INSURANCE COMPANY _____ | | PHONE # () _____ | |
| By _____ | | Title _____ | Date _____ |
| (authorized Representative of the Insurance Company) | | | |
| *Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b). | | | |

Applicants Name _____ SSN* _____

ACTION NOTICE OF APPOINTMENT**

Pursuant to Sections 1704 through 1707 and/or 1673 or 1756 of the Insurance Code
Filing fees required for each appointment submitted.

Appointment Types:

FX: Fire and Casualty LX: Life LI: Life Limited to pre-need (must submit Certificate of Exemption form 427-10)
TA: Travel DO: Disability Only PF: Part Time Fraternal MC: Motor Club PL: Personal Lines

Insurer Name: _____

FEIN: _____ NAIC# _____ CA Company # _____ Appointment Type _____
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name Official Title Date
Phone Number () _____

Insurer Name: _____

FEIN: _____ NAIC # _____ CA Company # _____ Appointment Type _____
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name Official Title Date
Phone Number () _____

Insurer Name: _____

FEIN: _____ NAIC # _____ CA Company # _____ Appointment Type _____
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name Official Title Date
Phone Number () _____

Please note: If additional appointments are needed, you may reprint this page or use Form 447-54A.

*Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).

**If this appointment form is completed by the business entity, Form 411-8A is not required unless you have additional affiliations then from 411-8A must be completed.

NOTICE: INFORMATION COLLECTION AND ACCESS

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

AGENCY: Department of Insurance ADDRESS: 320 Capitol Mall, Sacramento, CA 95814-4309 TELEPHONE NUMBER: (800) 967-9331 or (916) 322-3555

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE: Chief, Producer Licensing Bureau

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION: California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1

THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION: It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

THE PRINCIPAL PURPOSES (S) FOR WHICH THE INFORMATION IS TO BE USED: The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE AGENCY, UNLESS THE INFORMATION IS CLASSIFIED AS CONFIDENTIAL UNDER SECTION 1798.3(a) OF THE CIVIL CODE.

INSTRUCTIONS FOR COMPLETING APPLICATION

RE: "LICENSE TYPE" a separate application is required for each license type requested. In addition to other filing requirements, the following documents are required for the specific license types as listed:

TA and MC - Action Notice of Appointment** (form 447-54A) from the sponsoring insurance company.

PF - Action Notice of Appointment** (form 447-54A) from the sponsoring fraternal benefit society or association admitted to California.

SL - \$50,000 bond (form 447-31) with a properly executed Power of Attorney form attached.

SP - \$10,000 bond (form 447-32) with a properly executed Power of Attorney form attached.

CS - \$10,000 bond (form 447-70) with a properly executed Power of Attorney form attached.

LX - Action Notice of Appointment** (form 447-54A) from the sponsoring insurance company and/or; Business Entity Endorsement** (form 411-8A completed by sponsoring business entity and original certificates of completion for preclicensing education requirements. To be granted variable authority acceptable proof of registration with SECO or NASD must be submitted with application and you must be appointed by an insurer authorized for variable contracts.

FX - License authority is determined by what documents are submitted. To act as a:

BROKER - \$10,000 bond (form 417-5) with properly executed Power of Attorney form attached and/or; Business Entity Endorsement** (form 411-8A) completed by sponsoring Business Entity.

AGENT - Action Notice of Appointment** (form 447-54A) from the sponsoring insurance company and/or Business Entity Endorsement ** (form 411-8A) completed by sponsoring Business Entity.

SOLICITOR - Action Notice of Solicitor** (form 417-31) completed by the sponsoring insurance agent or broker.

In addition to the above, the FX class requires original certificate of completion for preclicensing education.

PL - license authority is determined by what documents are submitted. To act as a:

Broker - \$10,000 bond (form 417-5) with properly executed Power of Attorney form attached and/or; Business Entity Endorsement** (Form 411-8A) completed by sponsoring Business Entity.

AGENT - Action Notice of Appointment** (form 447-54A) from the sponsoring insurance company and/or Business Entity Endorsement ** (Form 411-8A) completed by sponsoring Business Entity

SOLICITOR - Action Notice of Solicitor** (form 417-31) completed by the sponsoring insurance agent or broker.

In addition to the above, the PL class requires original certificate of completion for preclicensing education.

CI - Action Notice of Appointment** (form 447-54A) from the sponsoring insurance company and/or Business Entity Endorsement ** (Form 411-8A) completed by sponsoring Business Entity.

**These forms are contained within the application. Your sponsor may complete the appropriate sections of the application or complete the forms named and send as attachments.

RE: "APPLICANT NAME" Enter full legal name. If no middle name, enter (NMN). If any part of your legal name is an initial only, place parentheses around such initial.

RE: "ADDRESS INFORMATION" Do not enter the word "same" in any address area. Enter the appropriate address. P. O. BOX is **not** acceptable for a resident or business address.

RE: "EXAM INFORMATION" Examinations are administered daily, Monday through Friday at 8:30 a.m. and 1:00 p.m., in Los Angeles (LA), San Diego (SD), San Francisco (SF) and Sacramento (SA). An examination is also administered once monthly in Fresno usually the third Saturday of the month at 8:30 a.m. If you fail to appear for a scheduled examination, an additional examination fee will be required for rescheduling.

RE: "PREVIOUS LICENSE HISTORY INFORMATION" If currently licensed as a resident in another state, upon becoming a California resident, a clearance letter from the previous state of residence is also required.

RE: "AKA/ALIAS" List previously and currently used aliases and maiden names, if any. If you are currently using an "also known as" (AKA) name which you desire to be noted on record, so state. Abbreviations of true name or "nick" names are not acceptable.

RE: "BROKER APPLICANTS" A salaried employee or officer of a casualty insurer is only eligible for a broker's license which is limited to transacting insurance on risks not located in California.

RE: "BACKGROUND QUESTIONS" If you answer yes to any of these questions, you must submit a signed statement, with your original signature summarizing the details of each event. You must also provide the additional documentation described with each question.

RE: "AGENCY OR BUSINESS ENTITY AFFILIATION"*** Complete only if applicant is to exercise powers of the business entity pursuant to Sections 1627 & 1647 of the Insurance Code. This area does not need to be completed if your sponsoring business entity has completed form 441-8A.

RE: "SOLICITOR AFFILIATION"*** Complete only if applicant will act as a solicitor pursuant to Sections 1704 & 1707 of the Insurance Code. This area does not need to be completed if your sponsoring agent or broker has completed form 417-31.

PRELICENSING EDUCATION REQUIREMENTS: Effective 1/1/92 all new applicants must:

- A) take an approved minimum 40-hour class for the fire and casualty broker-agent license exam, and/or;
- B) take an approved minimum 40-hour class for the life agent license exam;
- C) take an approved minimum 20-hour class for the personal lines broker-agent license exam,
- D) and take an approved minimum 12-hour class on ethics and the California Insurance Code.

An applicant will be taking either 52 hours (40 and 12) or 92 hours (40 and 40 and 12) of preclicensing class hours depending on whether one or both licenses are being sought. The Personal Lines Broker-Agent applicant is required to complete 32 hours (20 and 12) of preclicensing classroom hours.

➤ To obtain insurance licensing FORMS by mail, send request to: Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814, or you may phone Sacramento toll free at (800) 967-9331 or (916) 322-3555, press 4. Forms are also available on our Web site at <http://www.insurance.ca.gov>

➤ To obtain insurance licensing information, you may phone our Sacramento office toll free at (800) 967-9331 or (916) 322-3555. You may also obtain licensing information by visiting our Web site at <http://www.insurance.ca.gov>

➤ MAIL APPLICATION WITH ATTACHMENTS AND FEES TO: DEPARTMENT OF INSURANCE
P. O. BOX 1139
SACRAMENTO, CA 95812-1139